# Massachusetts Department of Public Health School Health Services Unit

## Medication Administration and Epinephrine Training Registration Guidance Document



This Guidance details the process by which primary and secondary schools<sup>1</sup> in the Commonwealth can apply for authorization to allow a school nurse to delegate the administration of prescription medications to unlicensed school personnel. This Guidance also details the process by which primary and secondary schools in the Commonwealth can apply to receive training on the administration of epinephrine by autoinjector.

All primary and secondary schools in the Commonwealth are required to comply with M.G.L. Chapter 94C: *The Controlled Substances Act* and 105 CMR 210.000: *The Administration of Prescription Medications in Public and Private Schools*. Only licensed healthcare professionals may administer prescription medications in Massachusetts primary and secondary schools/districts **unless** the school/school district completes the application for the delegation of administration of medications to unlicensed personnel and/or the application for training on administration of epinephrine by auto-injector by unlicensed school personnel.

All primary and secondary schools/districts delegating medications or training unlicensed personnel to administer epinephrine via auto-injector must also obtain a Massachusetts Controlled Substance Registration (MCSR) from the Massachusetts Department of Public Health (MDPH) Drug Control Program (DCP) in addition to approval from the MDPH School Health Unit (SHU). The application for a MCSR will come to the School Nurse Manager automatically when their MDPH SHU application is approved. The process will take a few weeks to complete.

If you have any questions about the medication delegation or epinephrine training application process please email Caitlin Pettengill at caitlin.pettengill@state.ma.us

<sup>&</sup>lt;sup>1</sup> For the purpose of this Guidance schools includes both public school districts and non-public schools.

### <u>Section 1: Registration Instructions for Medication Delegation & Epinephrine</u> Training

Fill out the application and meet with the other signatories (a virtual meeting is acceptable) to review the school/district policies regarding health services, medication administration, and/or epinephrine training. All signatories must sign to have a complete application. Signatures can be scanned and emailed.
Return applications via email to the School Health Unit at <a href="medication.delegation@state.ma.us">medication.delegation@state.ma.us</a> . If submitting an application for Medication <a href="Delegation">Delegation</a> , include certificates of attendance from the two mandatory BU SHIELD courses.
Once your application has been approved, you will receive an approval email from MDPH Unit SHU and will then automatically receive an application via email from MDPH DCP to complete a MCSR.
Return the MDPH DCP application with a \$300 fee to receive a MCSR. The MCSR will serve as evidence that you have registered with both MCSR SHU and MCSR DCP.
The school/school district's registration expires one year (365 days) from the date of the MCSR approval. We recommend that you keep copies of your School Health Medical Delegation application and the Drug Control Program application for your records.

### <u>Section 2: School/District Key Points for Registering for Medication Delegation & Epinephrine Training</u>

- 1) The School Nurse Manager is legally responsible for the management of the medication administration and/or epinephrine training program.
- 2) All registrations must be submitted annually and will expire one year (365 days) from the date of the MCSR approval. Please note the date your application was approved so that your ability to delegate does not lapse.
- 3) Please make sure your correct email address and phone number are on your application. School Nurse Managers may receive a phone call or email from the SHU seeking clarification on your application; all approvals will be sent by email.
- 4) The primary or secondary school/district must have policies for handling, storage, delegation, and disposal of prescription medications and these policies must comply with the laws of the Commonwealth and the regulations of the MDPH SHU and MDPH DCP.

- 5) If a primary or secondary school district/school opts to **not** delegate prescription medications (aside from epinephrine) to unlicensed personnel, and only practices direct administration by a licensed healthcare professional, registration with the MDPH SHU and a MCSR with MDPH DCP is not necessary. The handling, storage, administration, and disposal of medications will occur under the license of a healthcare professional.
  - a) A primary or secondary school district/school who is not registered for medication delegation may choose to only apply to MDPH SHU for registration to train unlicensed staff to administer epinephrine. This registration will also require an MCSR from MDPH DCP.

#### Section 3: Key Elements of a Complete Application

- 1) For Medication Delegation and Epinephrine Training
  - a) **Dates and Signatures:** All required signatures and dates signed must be complete. Signatures can be scanned and emailed.
  - b) **Printed Names:** Ensure that all names are printed in a legible way *with credentials*. This is especially important for the School Nurse Manager and the School Physician.
  - c) Completion of the Mandatory Courses: Medication Administration in a School Setting: School Nursing Practice in Massachusetts and Medication Administration in Schools: What School Nurse Managers Need to Know. Registration for mandated trainings can be accessed at <a href="https://www.SHIELD-BU.org">www.SHIELD-BU.org</a>. Copies of these certificates of attendance within the last 5 years must be included when submitting the completed application.

#### 2) For Medication Delegation Only

- a) School Building Profile: Ensure that the "School Building/School Nurse Staffing Profile is completed correctly with all fields accurately documented. This profile is critical when evaluating whether your school or school district may delegate prescription medications. The School Building/School Nurse Staffing provide should be a detailed document that reflects a school district's nursing coverage and should include:
  - i) All health services staff with their credentials, if applicable, including support staff that are assisting healthcare professionals, such as LPNs or clerical staff.
  - ii) Plans for delegation for before and after school programs and overnight and weekend.
  - iii) Documentation of on-call capabilities with an RN <u>at all times</u> when an RN is not physically available at a school for residential schools.
  - iv) If the residential school is an approved special education school with a Caring Together contract which includes MAP, please indicate the times MAP is being utilized in the chart. Note: Large districts may enter the School Building/School Nurse Staffing Profile information into a spreadsheet as long as all the data points from the building profile are present.
- b) **Sufficient Number of School Nurses:** Review staffing profile to ensure that there are sufficient number of school nurses based on the student population and medical needs of that population.

While 105 CMR 210.000 allows a school committee or board of trustees, in consultation with the board of health, to seek authorization from DPH to delegate administration of prescription medications to unlicensed school employees delegation to unlicensed school personnel is not intended to take the place of DESE-licensed school nurses but rather intended to add flexibility to the nurse's daily practice. 105 CMR 210.000 still requires that:

"The School Committee or Board of Trustees, in consultation with the Board of Health where appropriate, shall provide assurance that sufficient school nurse(s) are available to provide proper supervision of unlicensed school personnel."

The 1998 legislative report *Options for Developing School Health Services in Massachusetts* recommended the school nurse to student ratio be 1.0 fulltime equivalent (FTE) professional school nurse (RN) in each building with 250 to 500 students. In buildings with more than 500 students, an additional 0.1 FTE is recommended for each additional 50 students. For buildings with fewer than 250 students, the recommended ratio is 0.1 FTE: 25 students.

In addition to these guidelines, the SHU recommends that a needs assessment be completed with attention paid to those children with special health care needs, as well as emergency response time for each building. If an application indicates that the nurse to student ratios for any building are greater than 1:750, a letter will be sent to the school/district noting that the ratios are above recommended levels, and the SHU reserves the right to deny the application.

**Note**: Any school building with less than 1 FTE RN that intends to delegate must have an RN oncall via telephone while school is in session and the nurse is not physically present.

### SCHOOL BUILDING/SCHOOL NURSE STAFFING PROFILE (public school example)

Name of school building: *Henrietta Lacks Elementary School* 

**Municipality** where school building is located: <u>Kennebunkport</u>

**Grade levels/ages** in school building:  $\underline{K-5}$  **Number** of students in the building:  $\underline{445}$ 

**Maximum distance** between any two school buildings (if the school is composed of multiple buildings): <u>N/A</u>

Name and Credentials of DESE-licensed school nurse(s) and other healthcare staff* employed by the school (do not include per diem or substitute nurses)	On-site schedule for school nurse/healthcare staff	On-call schedule** for school nurse*** (indicate whether in person or by phone)	On-call schedule for MAP****	Estimated Number of unlicensed personnel being delegated medication administration on any given day
Keanna Reyes, RN	M-F 7AM – 3PM	M-F 3PM – 5PM by phone		2
Lauren Baily, LPN	M-F 10AM-1PM			
Jennette Powers, Health Clinic Support Staff (clerical)	M & F 9AM-12PM			

<sup>\*</sup>Please include all health clinic staff that contribute to the workflow of the health clinic. This will assist the department in assessing coverage.

<sup>\*\*</sup>On-call coverage is required for less than 1.0 FTE in any given building, before and after school programs, overnight and weekend delegation, and all residential schools.

<sup>\*\*\*</sup>LPNs cannot delegate or be on call for unlicensed staff consultation.

<sup>\*\*\*\*</sup>MAP is a delegation option that is only available to Department of Education and Secondary Education (DESE)-approved residential special education schools with a Caring Together contract through the Department of Mental Health. Please specify all hours of the week (24/7) that are covered under MAP.

### SCHOOL BUILDING/SCHOOL NURSE STAFFING PROFILE (non-public school example)

Name of school building: Residents and School of Saint Francis

Municipality where school building is located: <u>Oakland</u>

**Grade levels/ages** in school building: <u>12-17 years old</u> **Number** of students in the building: <u>105</u>

**Maximum distance** between any two school buildings (if the school is composed of multiple buildings): <u>0.2 miles</u>

				Estimated
				<b>Number</b> of
Name and Credentials of		On-call		unlicensed
DESE-licensed school	On-site schedule	schedule** for		personnel
nurse(s) and other healthcare	for school	school nurse***	On-call schedule	being
staff* employed by the	nurse/healthcare	(indicate whether	for MAP****	delegated
school (do not include per	staff	in person or by		medication
diem or substitute nurses)		phone)		administration
				on any given
				day
Julie Johnson, RN	M-F 7AM – 3PM	M-F 3PM – 5PM		2
June Johnson, Krv		by phone		2
		M-F 3PM-7AM		
Martha Franks, RN		Sat & Sun 24/7		5
		Mon 12AM-7AM		
			M-F 3PM-7AM	
Alicia Benson, RN			Sat & Sun 24/7	
			Mon 12AM-7AM	

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